ATTACHMENT 4 FA4417-09-R-00021

PAST/PRESENT PERFORMANCE QUESTIONNAIRE

SECTION A: CONTRACTOR INFORMATION	
Contractor's Name and Address:	
Point of Contact:	
3. Phone Number:	
4. Contract Number:	Contract Type:
5. Project Title:	
6. Period of Performance:	
SECTION B: RESPONDENT INFORMATION (To Be C	Completed By Evaluation Respondent)
Respondent's Company Name & Address:	Sompleted By Evaluation Respondents
Respondent's Name:	
3. Phone Number:	Fax Number:
E-Mail:	
4. Contract Number:	Contract Type:
5. Award Amount:	Final Amount:
6. Project Title:	
7. Period of Performance:	_
C. FAX or Email COMPLETED QUESTIONN/	AIRE FORM TO: 1st Special Operations Contracting Squadron/LGCB, 350 Attention: SrA Timothy Thulin. FAX: (850) 884-1272.

THIS FORM MUST BE RETURNED NO LATER THAN: 13 May 2009 at 4:00 p.m. CST

timothy.thulin@hurlburt.af.mil

D. <u>PERFORMANCE INFORMATION</u>: Choose the number on the scale of 1 to 6 that most accurately describes the contractor's performance or situation. *PLEASE PROVIDE A NARRATIVE EXPLANATION FOR ANY RATINGS OF 1 OR 2*.

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1	2	3	4	5	6
Unsatisfactory	Marginal	None	Satisfactory	Very Good	Exceptional
Performance did not meet most contractual requirements. There were serious problems and the contractor's corrective actions were ineffective.	Performance did not meet some contractual requirements. There were problems, some of a serious nature, for which corrective action was only marginally effective.	No record of past performance or the record is inconclusive.	Performance met contract requirements. There were some minor problems and corrective actions taken by the contractor were satisfactory.	Performance met all contract requirements and exceeded some to the government's benefit. There were a few minor problems which the contractor resolved in a timely, effective manner.	Performance met all contract requirements and exceeded many to the government's benefit. Problems, if any, were negligible and were resolved in a timely, highly effective manner

Developed realistic progress schedules and completed the project within the established schedule. COMMENTS/REMARKS:	1 2 3 4 5 6 N/A	
Provided experienced superintendent, managers, and supervisors, with the technical and administrative abilities to meet requirements. COMMENTS/REMARKS:	1 2 3 4 5 6 N/A	
Adequately controlled performance of subcontractors. COMMENTS/REMARKS:	1 2 3 4 5 6 N/A	
Provided effective quality control which resulted in a quality finished product. COMMENTS/REMARKS:		
Provided submittals in a timely manner. Submittals were well researched and clearly identified the proposed item. COMMENTS/REMARKS:	1 2 3 4 5 6 N/A	
6. Identified problems as they occurred. Suggested approaches to resolving problems. Displayed initiative and cooperation in solving problems. Provided adequate information and pricing for change orders and negotiated them in good faith. COMMENTS/REMARKS:	1 2 3 4 5 6 N/A	

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7. Provided timely resolution of punch list items and closeout documentation. COMMENTS/REMARKS:		1 2 3 4 5 6 N/A	
8. Was the contractor assessed liquidated damages? (If Yes, briefly explain the circumstances)	YES	NO	
9. Based on the contractor's overall performance, would you rehire this contractor	or? YES	NO	
OVERALL PERFORMANCE RATING			
Signature of Rater:	Date:		